

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Emergency Medical Services (EMS) Matching Grant Application

DEPARTMENT: Fiscal Services

DIVISION: Administration - Fiscal Services

AUTHORIZED BY: Lisa Spriggs

CONTACT: Jennifer Bero

EXT: 7125

MOTION/RECOMMENDATION:

Approve to submit a grant application to the Florida Department of Health requesting \$180,000 through their Emergency Medical Services (EMS) Matching Grant Program for the purchase of Zoll Autopulse devices; and authorize the Chairman to execute supporting documents.

County-wide

Jennifer Bero

BACKGROUND:

The Florida Department of Health offers the EMS Matching Grant Program to support projects that improve and expand emergency medical services in Florida. The program supplies EMS providers, first responder organizations, and other EMS-related organizations with funds for projects to acquire, repair, improve, or upgrade EMS systems or equipment.

Staff is interested in pursuing the grant for the purchase of Zoll Autopulse devices. These devices are automated Cardiopulmonary Resuscitation Devices that will allow for hands-off CPR during transport of cardiac arrest patients. Purchase of the devices enables the firefighters to be available to respond to other emergency calls.

The proposed application would request \$180,000 with a 25% match. The match equal to \$60,000 would be accommodated by the Fire Fund.

STAFF RECOMMENDATION:

Staff recommends Board approval to submit a grant application to the Florida Department of Health requesting \$180,000 through their Emergency Medical Services (EMS) Matching Grant Program for the purchase of Zoll Autopulse devices; and authorize the Chairman to execute supporting documents.

ATTACHMENTS:

1. Certification for Chairman Execution
2. Project Summary

Additionally Reviewed By: No additional reviews

19. Certification:

My signature below certifies the following.

I am aware that any omissions, falsifications, misstatements, or misrepresentations in this application may disqualify me for this grant and, if funded, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

I agree that any and all information submitted in this application will become a public document pursuant to Section 119.07, F.S. when received by the Florida Bureau of EMS. This includes material which the applicant might consider to be confidential or a trade secret. Any claim of confidentiality is waived by the applicant upon submission of this application pursuant to Section 119.07, F.S., effective after opening by the Florida Bureau of EMS.

I accept that in the best interests of the State, the Florida Bureau of EMS reserves the right to reject or revise any and all grant proposals or waive any minor irregularity or technicality in proposals received, and can exercise that right.

I, the undersigned, understand and accept that the Notice of Matching Grant Awards will be advertised in the *Florida Administrative Weekly*, and that 21 days after this advertisement is published I waive any right to challenge or protest the awards pursuant to Chapter 120, F.S.

I certify that the cash match will be expended between the beginning and ending dates of the grant and will be used in strict accordance with the content of the application and approved budget for the activities identified. In addition, the budget shall not exceed the department, approved funds for those activities identified in the notification letter. No funds count towards satisfying this grant if the funds were also used to satisfy a matching requirement of another state grant. All cash, salaries, fringe benefits, expenses, equipment, and other expenses as listed in this application shall be committed and used for the activities approved as a part of this grant.

Acceptance of Terms and Conditions: If awarded a grant, I certify that I will comply with all of the above and also accept the attached grant terms and conditions and acknowledge this by signing below.

Signature of Authorized Grant Signer
(Individual Identified in Item 2)

MM / DD / YY

**GRANT PROPOSAL REVIEW FORM – ABSTRACT
GRANTS ADMINISTRATION DIVISION**

FUNDER: Florida Department of Health, Bureau of Emergency Medical Services

DATE DUE: January 4, 2008 (anticipated)

PROJECT TITLE: Emergency Medical Services Matching Grant

DEPARTMENT: Public Safety – EMS/Fire/Rescue

PROJECT INITIATOR(S): Tim Nicholson, Battalion Chief

PROJECT MANAGER/PRINCIPAL INVESTIGATOR: Tim Nicholson

PROJECT DESCRIPTION: Zoll Autopulse devices are automated Cardiopulmonary Resuscitation Devices that allows for hands-off CPF during transport of cardiac arrest patients. Public Safety transported 207 cardiac arrest patients in the past 12 month period. Transport of these patients requires a firefighter to be present with the patient to administer CPR as required. Purchase of the devices would allow for the firefighter to return to the rescue unit, providing for his/her availability to respond to other emergency calls. If awarded, the grant would fund the purchase of 16 units at an approximate cost of \$15,000 per unit.

TOTAL AMOUNT REQUESTED: \$180,000

MATCHING FUNDS (IF APPLICABLE): \$ 60,000

SOURCES OF MATCH: Fire Fund

TOTAL PROJECT COST: \$240,000

GRANT FUNDING IS:

☒ COMPETITIVE

☐ ENTITLEMENT

☐ CONTRACT